AMENDED IN ASSEMBLY JUNE 20, 2005

AMENDED IN SENATE MAY 31, 2005

AMENDED IN SENATE APRIL 26, 2005

AMENDED IN SENATE APRIL 7, 2005

AMENDED IN SENATE MARCH 31, 2005

SENATE BILL

No. 437

Introduced by Senator Escutia (Principal coauthors: Senators Alquist, Migden, and Perata) (Coauthors: Senators *Chesbro*, Ducheny, Figueroa, Kuehl, Romero, and Torlakson)

(Coauthors: Assembly Members Dymally, Jones, Laird, and Pavley)

February 17, 2005

An act to amend Section 49557.2 of the Education Code, to amend Sections 123280 and 123290 of the Health and Safety Code, to amend Sections—12693.98 12693.73, 12693.98, and 12693.981 of, to add Sections 12693.22, 12693.415, 12693.444, 12693.445, 12693.702, 12693.703, 12693.704, and 12693.983 12693.983, and 12693.984 to, and to add Chapter 17 (commencing with Section 12693.99) to Part 6.2 of Division 2 of, the Insurance Code, and to amend Sections 14005.23, 14005.41, and 18925 of, and to add Sections 14005.43, 14005.71, and 14011.65 14011.65, and 14013.5 to, the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 437, as amended, Escutia. California Healthy Kids Insurance Program.

(1) Existing law establishes various public programs to provide health care coverage to eligible children, including the Medi-Cal $SB 437 \qquad \qquad -2 -$

program administered by the State Department of Health Services and county welfare agencies, and the Healthy Families Program administered by the Managed Risk Medical Insurance Board. Children through 18 years of age are eligible for health care coverage under these programs if they meet certain household income and other requirements. Existing law authorizes information sharing with respect to children eligible for free school lunches in order to facilitate their enrollment in the health care programs.

This bill would create the California Healthy Kids Insurance Program, which would consist of the portion of the Medi-Cal program that provides health care coverage to children and the Healthy Families Program. The bill would require that the California Healthy Kids Insurance Program be operated as a joint partnership by the State Department of Health Services and the Managed Risk Medical Insurance Board in a streamlined manner, with eligible children to be enrolled in one program or the other, as appropriate. The bill would accelerate the process for making eligibility determinations for the California Healthy Kids Insurance Program by authorizing the administering agencies to rely on income eligibility determinations made by other public assistance programs, including reduced price school lunch programs, the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Food Stamp Program. The bill would authorize applicants for the California Healthy Kids Insurance Program to self-certify their family income and other eligibility factors, and would provide for the administering agency to request documentation and verify information only to the extent necessary to determine eligibility and as required by federal law. The bill would expand eligibility for the Healthy Families Program and the Healthy Families Program element of the California Healthy Kids Insurance Program by allowing children with family incomes up to 300% of the federal poverty level to qualify and by otherwise liberalizing enrollment requirements. The bill would enact certain privacy and confidentiality provisions relative to Healthy Families Program applicants and enrollees. The bill would create the California Healthy Kids Expert Panel to advise the administering agencies on various matters. The bill would require the administering agencies to award local enrollment investment grants from available funds to local and regional children's health initiative activities designed to increase and retain the enrollment of children in health care coverage. The bill would require the Secretary of the Health and -3- SB 437

Human Services Agency to coordinate local children's health insurance programs with certain state and federally funded programs. The bill would make various related modifications to the Medi-Cal and Healthy Families programs. The bill would enact related provisions and state the intent of the Legislature to enact relative to certain other provisions. Because the modifications to the Medi-Cal program would impose certain duties on counties relative to administration of that program, the bill would impose a state-mandated local program.

(2) Existing law creates the Healthy Families Fund, and provides that money in the fund is continuously appropriated for purposes of the Healthy Families Program.

This bill would provide that the Managed Risk Medical Insurance Board may implement this act, including the expansion of the Healthy Families Program, only to the extent that funds are appropriated for the purposes of the act in the annual Budget Act or in another statute.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
 - (a) Health insurance is a critical investment in the health of California's children, since:
- 5 (1) Children with health insurance are more likely to get the 6 care they need, especially essential preventive care that can 7 prevent avoidable conditions and expensive emergency room 8 visits.
- 9 (2) Children with health insurance are healthier and perform 10 better in school. California's investment in children's health 11 insurance has paid off. For example, children enrolled in the

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Healthy Families Program have shown a 25-percent improvement in health and 68-percent improvement in their ability to "pay attention" and to "keep up with school activities."

- (b) California's investment in state health insurance for children has significantly reduced the number of children who have no health insurance.
- (c) With about 800,000 uninsured children in California, the goal of extending coverage to all children in the state is within reach, especially since a majority (55 percent) of them already qualify for state health insurance through Medi-Cal or the Healthy Families Program.
- (d) California can no longer afford to waste precious resources by dropping children from coverage unnecessarily due to bureaucratic red tape, only to reenroll them at a later date. If this phenomenon of children losing coverage temporarily were addressed, the number of uninsured low-income children nationally would be reduced by 40 percent.
- (e) Appropriate technology solutions can help improve program administration and efficiency while reducing barriers to coverage for children, making it easier for children to get and keep the health coverage they need.
- (f) With existing enrollment successes like local Children's Health Initiatives innovations, express lane eligibility through school lunch programs and Senate Bill 24's existing newborn pathway at hospitals the Deemed Eligible Infants and Newborn Hospital Gateways, any reforms designed to reach all children must build and improve upon the Medi-Cal and Healthy Families programs, local enrollment and retention innovations and available technologies to enroll more children.
- (g) Across the state, over 27 local coalitions of local health plans, community leaders, health providers, businesses, unions, county agencies, First 5 Commissions, faith leaders, schools and others are at work to expand access to health insurance for children, resulting in exceptional models for what is needed statewide.
- (h) California voters overwhelmingly support a plan that would ensure that every child in California has health insurance. This support is solid throughout the state and across partisan lines, even when voters understand the financial cost required to cover all children.

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(i) The Legislature aims to ensure this simple goal on behalf of California's children:

Every child in California can get health insurance to grow up healthy and strong.

- SEC. 2. Section 49557.2 of the Education Code is amended to read:
- 49557.2. (a) (1) At the option of the school district or county superintendent, and to the extent necessary to implement Section 14005.41 of the Welfare and Institutions Code, the following information may be incorporated into the School Lunch Program application packet or notification of eligibility for the School Lunch Program using simple and culturally appropriate language:
- (A) A notification that if a child qualifies for free school lunches, then the child may qualify for free or reduced-cost health coverage.
- (B) A request for the applicant's consent for the child to participate in the Medi-Cal program, if eligible for free school lunches, and to have the information on the school lunch application shared with the entity designated by the State Department of Health Services to make an accelerated determination and the local agency that determines eligibility under the Medi-Cal program.
- (C) A notification that the school district will not forward the school lunch application to the entity designated by the State Department of Health Services to make an accelerated determination and the local agency that determines eligibility under the Medi-Cal program, without the consent of the child's parent or guardian.
- (D) A notification that the school lunch application is confidential and, with the exception of forwarding the information for use in health program enrollment upon the consent of the child's parent or guardian, the school district will not share the information with any other governmental agency, including the federal Department of Homeland Security and the Social Security Administration.
- (E) A notification that the school lunch application information will only be used by the entity designated by the State Department of Health Services to make an accelerated determination and the state and local agencies that administer the Medi-Cal program for purposes directly related to the

administration of the program and will not be shared with other government agencies, including the federal Department of Homeland Security and the Social Security Administration for any purpose other than the administration of the Medi-Cal program.

- (F) Information regarding the Medi-Cal program, including available services, program requirements, rights and responsibilities, and privacy and confidentiality requirements.
- (2) The State Department of Education, in consultation with school districts, county superintendents of schools, consumer advocates, counties, the State Department of Health Services, and other stakeholders, shall make recommendations regarding the School Lunch Program application, on or before February 1, 2003. The recommendations shall include specific changes to the School Lunch Program application materials as necessary to implement Section 14005.41 of the Welfare and Institutions Code, information for staff as to how to implement the changes, and a description of the process by which information on the School Lunch Program application will be shared with the county, as the local agency that determines eligibility under the Medi-Cal program.
- (3) At the option of the school, the request for consent in subparagraph (B) of paragraph (1) may be modified so that the parent or guardian can also consent to allowing Medi-Cal to inform the school as provided in subdivision (n) of Section 14005.41 of the Welfare and Institutions Code when followup is needed in order to complete the Medi-Cal application process.
- (b) (1) School districts and county superintendents of schools may implement a process to share information provided on the School Lunch Program application with the entity designated by the State Department of Health Services to make an accelerated determination and with the local agency that determines eligibility under the Medi-Cal program, and shall share this information with those entities, if the applicant consents to that sharing of information. Schools may designate, only as necessary to implement this section, non-food service staff to assist in the administration of free, reduced price, or paid school lunch applications that have applicant consent, but only if that designation does not displace or have an adverse effect on food service staff. This information may be shared electronically,

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physically, or through whatever method is determined appropriate.

- (2) If a school is aware that a child, who has been found eligible for free school lunches under the National School Lunch Program, and for whom the parent or guardian has consented to share the information provided on the application, already has an active Medi-Cal or Healthy Families Program case, the application shall not be processed for an accelerated determination but shall be forwarded to the local agency that determines eligibility under the Medi-Cal program pursuant to Section 14005.41 of the Welfare and Institutions Code. The school shall notify the parent or guardian of the child's ineligibility for accelerated Medi-Cal due to the current eligibility status and that the child's application will be forwarded to the county pursuant to this section. The notice shall include a statement, with contact information, advising the parent or guardian to contact the Medi-Cal or Healthy Families programs regarding the child's eligibility status.
- (3) Each school district or county superintendent that chooses to share information pursuant to this subdivision shall enter into a memorandum of understanding with the local agency that determines eligibility under the Medi-Cal program, that sets forth the roles and responsibilities of each agency and the process to be used in sharing the information.
- (4) The local agency that determines eligibility under the Medi-Cal program shall only use information provided by applicants on the school lunch application for purposes directly related to the administration of the Medi-Cal program.
- (5) After school districts share information regarding the school lunch application with the entity designated by the State Department of Health Services to make an accelerated determination and the local agency that determines eligibility under the Medi-Cal program, for the purpose of determining Medi-Cal program eligibility, the local agency and the school district shall not share information about school lunch participation or the Medi-Cal program eligibility information with each other except as specifically authorized under subdivision (n) of Section 14005.41 of the Welfare and Institutions Code and other provisions of law.

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(c) Effective July 1, 2005, the notifications and consent referenced in subdivision (a) and the procedures set out in subdivision (b) shall include the Healthy Families Program and any relevant county- and local-sponsored health insurance programs as necessary to implement Section 14005.41 of the Welfare and Institutions Code.

- (d) If a school district finds that the child is eligible for reduced price or paid meals under the National School Lunch Program and consent was provided as described in subdivision (b), the entity designated by the State Department of Health Services to make an accelerated determination shall notify the parent or guardian of the child's ineligibility for an accelerated Medi-Cal determination pursuant to Section 14005.41 of the Welfare and Institutions Code. The notification shall include information on other available health programs for which the child may be eligible.
- (e) The notifications and consent referenced in subdivision (a) and the procedures set out in this section shall be modified as necessary by the department, in consultation with the State Department of Health Services, school districts, and stakeholders, by February 1, 2007, to implement subdivisions (o) and (p) of Section 14005.41 of the Welfare and Institutions Code to allow children who meet the income eligibility requirements for participation in either the free or reduced price meal program to be processed for both an accelerated determination and ongoing medical assistance upon the consent and authorization of their parent or guardian.
- SEC. 2.5. Section 123280 of the Health and Safety Code is amended to read:
- 123280. (a) The department may conduct a statewide program for providing nutritional food supplements to low-income pregnant women, low-income postpartum and lactating women, and low-income infants and children under five years of age, who have been determined to be at nutritional risk by a health professional, based on criteria established by the department. Any program established pursuant to this section shall do all of the following:
 - (1) Comply with all the requirements of this article.
- (2) Be conducted only if a special project is authorized by inclusion in the Budget Act or notification is provided to the

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Legislature pursuant to Section 28 of the Budget Act, and federal funds are appropriated therefor.

- (3) Be known as the California Special Supplemental Nutrition Program for Women, Infants, and Children.
- (b) The department shall administer this article and shall adopt minimum standards and regulations as necessary.
- SEC. 3. Section 123290 of the Health and Safety Code is amended to read:
- 123290. The department, under any program established pursuant to this article, shall do all of the following:
- (a) Establish guidelines to determine resource allocation giving consideration to an area's nutritional need.
- (b) Designate the counties within which a program will be conducted, with the approval of those counties.
- (c) Establish the minimum nutritional requirements for recipients.
- (d) Designate specific supplemental foods to meet the minimum nutritional requirements for recipients.
- (e) Develop and maintain a system for the delivery of supplemental foods to recipients through the distribution of supplemental foods designated in subdivision (d) and nutrition coupons when other methods of delivery are impractical.
- (f) (1) Develop and coordinate a smoking cessation component of program operations, with consideration of local agency plans, needs, and available tobacco education resources.
- (2) In consultation with the directors of local agencies and with other individuals with expertise in the field of smoking cessation, identify and promulgate a strategy for smoking cessation in the state plan of operation and administration of the WIC program, including, but not limited to, all of the following:
- 31 (A) Designating an agency staff member to coordinate 32 smoking cessation efforts.
 - (B) Providing training on smoking cessation and tobacco education to designated staff members of local agencies who are responsible for counseling participants in the program.
 - (3) Develop and implement procedures to ensure that tobacco use screening and education, including, but not limited to, smoking cessation counseling and referrals where appropriate, are offered to all participants.

(g) (1) Establish guidelines and criteria to be used by participating local agencies, when determining recipient eligibility, that require, in addition to a recipient being a low-income pregnant woman, or a low-income postpartum and lactating woman, or a low-income infant or child under five years of age, that the recipient be at nutritional risk.

- (2) A health professional on the staff of the local agency shall determine if a person is at nutritional risk through a medical or nutritional assessment. This determination may be based on referral data submitted by a health professional not on the staff of the local agency. The person's height or length and weight shall be measured, and a hematological test for anemia, such as a hemoglobin or hematocrit test, shall be performed. However, the tests shall not be required for infants under six months of age. In addition, the blood test shall not be required for children who were determined to be within the normal range at their last program certification. However, the blood test shall be performed on the children at least once a year. A breastfeeding woman may be certified if the child she is breastfeeding is determined to be at nutritional risk and the woman meets the income eligibility criteria.
- (h) Operate the program as an adjunct to existing health services, which shall include, but shall not be limited to, all of the following:
- (1) Assisting in efforts to develop Develop, in consultation with local agencies, an electronic application system that utilizes the real-time electronic connection to the state eligibility database developed pursuant to subdivision (b) of Section 14011.7 of the Welfare and Institutions Code to allow children-to apply, with consent, for to request an accelerated determination for the California Healthy Kids Program and apply for ongoing medical assistance, pursuant to Section 14005.43 of the Welfare and Institutions Code, utilizing information provided for application to the California WIC program.
- (2) Establishing guidelines for information sharing under this subdivision that protect confidentiality and ensure that information is shared solely for purposes of outreach and enrollment.
 - (3) Encouraging

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1 (2) Protect and safeguard the privacy and confidentiality of 2 applicants and of enrollees. Information and documentation 3 about an applicant or enrollee shall not be used, shared, or disclosed except to determine eligibility for the California 4 Healthy Kids Program or for activities connected to California Healthy Kids Insurance Program administration, including outreach and follow-up. Disclosure of, or access to, information 8 concerning California Healthy Kids Insurance Program applicants or enrollees shall be restricted to persons or agency 10 representatives who are subject to standards of privacy and confidentiality that are no less protective than those required by 12 Section 12693.984 of the Insurance Code.

- (3) Encourage local agencies to participate in and utilize the electronic application system.
 - (i) Seek federal funds to carry out this article.

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SEC. 4. Section 12693.22 is added to the Insurance Code, to read:

12693.22. Notwithstanding any other provision of law, the board-may shall implement changes to the program enacted pursuant to sections of the act that added this section during the 2005-06 Regular Session of the Legislature and require expenditure of state funds only to the extent that funds are appropriated for the purposes of that act in the annual Budget Act or in another statute. To the extent that funds are appropriated for only a portion of the changes enacted pursuant to that act, the board shall implement those changes for which funds are appropriated.

SEC. 5. Section 12693.415 is added to the Insurance Code, to read:

12693.415. (a) The board shall consult and coordinate with the State Department of Health Services, the California Healthy Kids Expert Panel, and other stakeholders, in implementing an electronic application system that utilizes the real-time electronic connection to the state eligibility database developed pursuant to subdivision (b) of Section 14011.7 of the Welfare and Institutions Code and adopted pursuant to Section 14005.43 of the Welfare and Institutions Code. The board shall accept the electronic application provided for in Section 14005.43 of the Welfare and Institutions Code as an application for the California Healthy Kids Program. The accelerated determination shall be SB 437 -12-

administered by the State Department of Health Services to provide full-scope benefits pursuant to Medi-Cal program requirements, at no cost to the applicant.

(b) This section shall become operative on _____.

5 (e)

- (b) If the board determines that one or more amendments to the State Child Health Plan are necessary to ensure—full federal financial participation in the provisions of this section, the board shall prepare and submit *necessary* requests for the plan amendments to the federal government.
- (c) This section shall become operative on July 1, 2007.
- SEC. 6. Section 12693.444 is added to the Insurance Code, to read:
- 12693.444. The board shall establish an additional tier for the family contribution amount required for children with family incomes between 250 and 300 percent of the federal poverty level.
- SEC. 7. Section 12693.445 is added to the Insurance Code, to read:
 - 12693.445. (a) An eligible child may be enrolled in the program prior to payment of the required family contribution. The board shall send a statement for the amount due after enrollment.
 - (b) Families shall have the option to pay for one year of Healthy Families premiums in advance in order to receive a discount of 25 percent for the total year premium amount.
 - (c) The board shall expand and extend the number of premium payment sites and shall consult with the California Healthy Kids Expert Panel and local children's health initiatives and other stakeholders on suggested additional payment site locations.
 - SEC. 8. Section 12693.702 is added to the Insurance Code, to read:
 - 12693.702. (a) Notwithstanding any other provision of law and irrespective of the differences in financial eligibility standards and methodologies, upon proof of current enrollment in the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as provided for in Article 2 (commencing with Section 123275) of Chapter 1 of Part 2 of Division 106 of the Health and Safety Code, the National School

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(commencing with Section 1751) of Title 42 of the United States 1 2 Code, the Food Stamp Program as provided for pursuant to Chapter 51 (commencing with Section 2011) of Title 7 of the 3 4 United States Code, or any other children's programs that may be 5 added in the future, as appropriate, at the recommendation of the 6 California Healthy Kids Expert Panel and other stakeholders, the 7 board any of the programs listed in paragraphs (1) to (3), 8 inclusive, the board and the department shall use an income 9 eligibility determination made by the appropriate program 10 agency to establish that the applicant child meets the income 11 guidelines of the program and, irrespective of differences in 12 financial eligibility standards and methodologies, shall rely on 13 the poverty level finding of the other program agency. Nothing in 14 this subdivision or in Chapter 17 (commencing with Section 15 12693.99) shall be construed to authorize denial of medical assistance to a child who, without the application of this 16 17 subdivision or Chapter 17 (commencing with Section 12693.99). 18 would qualify for such assistance or to relieve the program of the 19 obligation to determine eligibility on any other grounds for a 20 child found to be ineligible under this subdivision or Chapter 17 21 (commencing with Section 12693.99). 22

(b) The board shall seek approval of any amendments to the state plan necessary to implement this section, for purposes of funding under Title XXI of the Social Security Act (42 U.S.C. Sec. 1397aa et seq.). Notwithstanding any other law, this section shall be implemented only to the extent that federal financial participation is available and to the extent that federal financial participation supports coordination across the California Healthy Kids Insurance Program established pursuant to Chapter 17 (commencing with Section 12693.99). listed programs to determine the child's income eligibility for the California Healthy Kids Insurance Program and to establish the child's percent of the federal poverty level:

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- percent of the federal poverty level:
 (1) The California Special Supplemental Nutrition Program
 for Women, Infants, and Children as provided for in Article 2
 (commencing with Section 123275) of Chapter 1 of Part 2 of
 Division 106 of the Health and Safety Code.
- 38 (2) The National School Lunch Program (NSLP) as provided 39 for pursuant to Chapter 13 (commencing with Section 1751) of 40 Title 42 of the United States Code.

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(3) The Food Stamp Program as provided for pursuant to Chapter 51 (commencing with Section 2011) of Title 7 of the United States Code.

- (b) The board and the department shall accept the children's program's documentation as reliable for purposes of satisfying any documentation requirements for the California Healthy Kids Insurance Program and, if the eligibility determination pursuant to this section does not establish eligibility for the California Healthy Kids Insurance Program, for purposes of determining eligibility for medical assistance on all other available grounds.
- (c) The board and the department shall apply this section to income eligibility determinations and documentation from any other children's programs that may be added in the future to the list set forth in subdivision (a).
- (d) Nothing in this section shall be construed to authorize denial of benefits through the California Healthy Kids Insurance Program or other program to a child who, without the application of this section, would qualify for those benefits or to relieve the program of the obligation to determine eligibility on other grounds.
- SEC. 9. Section 12693.703 is added to the Insurance Code, to read:

12693.703. It is the intent of the Legislature to enact legislation to provide affordable options for purchase of health eare coverage to uninsured children with family incomes in excess of 300 percent of the federal poverty level. These options would include the opportunity to purchase coverage from the commercial health insurance options available in their area, and from the Healthy Families plans available pursuant to this part, except that the Healthy Families plans would be available for purchase at full premium cost.

SEC. 10. Section 12693.704 is added to the Insurance Code, to read:

12693.704. Notwithstanding paragraphs (4) and (6) of subdivision (a) of Section 12693.70, a child shall be an eligible child for purposes of Section 12693.70 if he or she meets the other requirements of Section 12693.70 and is in a family with an annual or monthly household income equal to or less than 300 percent of the federal poverty level.

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SEC. 9. It is the intent of the Legislature to provide affordable options for purchase of health care coverage to uninsured children with family incomes in excess of 300 percent of the federal poverty level. These options would include the opportunity to purchase coverage from the commercial health insurance options available in their area, and from the Healthy Families plans, and the Healthy Families plans would be available for purchase at full premium cost.

SEC. 10. Section 12693.73 of the Insurance Code is amended to read:

12693.73. Notwithstanding any other provision of law, children excluded from coverage under Title XXI of the Social Security Act are not eligible for coverage under the program, except as specified in clause (ii) of subparagraph (A) of paragraph (6) of subdivision (a) of Section 12693.70-and, Section 12693.76, and Section 12693.9913.

SEC. 10.5. Section 12693.98 of the Insurance Code is amended to read:

12693.98. (a) (1) The Medi-Cal-to-Healthy Families Seamless Bridge Benefits Program is hereby established to provide any child who meets the criteria set forth in subdivision (b) with continuing health care benefits in order to provide time for until the board has made a Healthy Families Program eligibility determination to be made.

- (2) The Medi-Cal-to-Healthy Families Seamless Bridge Benefits Program shall be administered by the board.
- (b) (1) Any child who meets all of the following requirements shall be eligible for health benefits under the Healthy Families Medi-Cal-to-Healthy Families Seamless Bridge Benefits Program:
- 31 (A) He or she has been receiving, but is no longer eligible for, 32 full-scope Medi-Cal benefits without a share of cost.
 - (B) He or she is eligible for full-scope Medi-Cal benefits with a share of cost.
 - (C) He or she is under 19 years of age at the time he or she is no longer eligible for full-scope Medi-Cal benefits without a share of cost.
- 38 (D) He or she has family income at or below 300 percent of 39 the federal poverty level.

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(E) He or she is not otherwise excluded under the definition of targeted low-income child under subsections (b)(1)(B)(ii), (b)(1)(C), and (b)(2) of Section 2110 of the Social Security Act (42 U.S.C. Secs. 1397jj(b)(1)(B)(ii), 1397jj(b)(1)(C), and 1397jj(b)(2)).

- (2) The benefits under this chapter shall begin on the first day of the month following the last day of the receipt of benefits without a share of cost and shall continue until the board has made an eligibility determination for Healthy Families benefits, at which point the board shall either enroll the child in Healthy Families benefits with no interruption in coverage to the child, or the child's Seamless Bridge benefits shall be terminated in accordance with the Seamless Bridge benefits due process requirements.
- (c) The income methodology for determining a child's family income, as required by paragraph (1) of subdivision (b) shall be the same methodology used in determining a child's eligibility for the full scope of Medi-Cal benefits.
- (d) The scope of Healthy Families benefits provided under this chapter shall be identical to the scope of benefits that the child was receiving under the Medi-Cal program without a share of cost.
- (e) The Healthy Families benefits provided under this chapter shall only be made available through a Medi-Cal provider or under a Medi-Cal managed care arrangement or contract.
- (f) This section shall become inoperative if an unappealable court decision or judgment determines that either of the following apply:
- (1) The provisions of this section are unconstitutional under the United States Constitution or the California Constitution.
- (2) The provisions of this section do not comply with the State Children's Health Insurance Program, as set forth in Title XXI of the Social Security Act.
- (g) If the State Child Health Insurance Program waiver described in Section 12693.755 is approved, and at the time the waiver is implemented, the benefits described in this section shall also be available to persons who meet the eligibility requirements of the program and are parents of, or, as defined by the board, adults responsible for, children enrolled to receive coverage

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under this part or enrolled to receive full-scope Medi-Cal 2 services with no share of cost.

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- (h) Effective July 1, 2006, the department, the counties, and the board may transfer a family's case file and other eligibility information, solely for the purposes of transferring a child's eligibility between Medi-Cal and Healthy Families, without seeking the family's consent.
- SEC. 11. Section 12693.981 of the Insurance Code is amended to read:
- 12693.981. (a) (1) The Healthy Families-to-Medi-Cal Seamless Bridge Benefits Program is hereby established to provide any person enrolled for coverage under this part who meets the criteria set forth in subdivision (b) with continuing health care benefits in order to provide time for until a Medi-Cal eligibility determination to be has been made.
- (2) The Healthy Families-to-Medi-Cal Seamless Bridge Benefits Program shall be administered by the board.
- (b) (1) Any person who meets all of the following requirements shall be eligible for Medi-Cal Healthy Families-to-Medi-Cal Seamless Bridge benefits:
- (A) He or she has been receiving, but is no longer eligible for, benefits under the Healthy Families Program.
- (B) He or she appears to be income eligible for full-scope Medi-Cal benefits without a share of cost.
- (2) The benefits under this chapter shall begin on the first day of the month following the last day of the person's eligibility for benefits under the Healthy Families Program and shall continue until an eligibility determination is made, at which point the person shall be either enrolled in Medi-Cal with no interruption in coverage or the Seamless Bridge benefits shall be terminated in accordance with due process requirements.
- (c) The scope of Medi-Cal benefits provided under this chapter shall be identical to the scope of benefits that the person was receiving under the Healthy Families Program.
- (d) The board shall not require the payment of premiums by persons receiving bridge benefits under this section.
- (e) This section shall become inoperative if an unappealable court decision or judgment determines that either of the following apply:

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(1) The provisions of this section are unconstitutional under the United States Constitution or the California Constitution.

- (2) The provisions of this section do not comply with the State Children's Health Insurance Program, as set forth in Title XXI of the federal Social Security Act.
- (f) Effective July 1, 2006, the department, the counties, and the board may transfer a family's case file and other eligibility information solely for the purposes of transferring a child's eligibility between Medi-Cal and Healthy Families, without seeking the family's consent.
- SEC. 12. Section 12693.983 is added to the Insurance Code, to read:

12693.983. The board shall adopt regulations to implement the Medi-Cal to Healthy Families Accelerated Enrollment program established under Section 14011.65 of the Welfare and Institutions Code. If the board determines that one or more amendments to the State Child Health Plan are necessary to ensure full federal financial participation in the provisions of the program, the board shall prepare and submit requests for the plan amendments to the federal government.

SEC. 12.5. Section 12693.984 is added to the Insurance Code, to read:

12693.984. (a) The board shall strictly protect and safeguard the privacy and confidentiality of applicants and enrollees of the Healthy Families Program.

- (b) Information and documentation about an applicant or enrollee shall not be used, shared, or disclosed except for the following purposes:
 - (1) Determining eligibility for Healthy Families.
 - (2) Making referrals to Medi-Cal.
- (3) Activities strictly connected to Healthy Families Program administration.
- (c) Disclosure of, or access to, information concerning Healthy Families applicants or enrollees shall be restricted as provided in this section to persons or agency representatives who are subject to standards of privacy and confidentiality that are no less protective than those required by this section.
- 38 (d) This section shall apply to all requests to the Healthy 39 Families Program for information from outside sources,

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including but not limited to, governmental bodies, the courts, or law enforcement officials.

SEC. 13. Chapter 17 (commencing with Section 12693.99) is added to Part 6.2 of Division 2 of the Insurance Code, to read:

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Chapter 17. California Healthy Kids Insurance Program

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12693.99. (a) The California Healthy Kids Insurance Program is hereby created. The Managed Risk Medical Insurance Board and the State Department of Health Services shall-jointly administer continue to administer the Healthy Families and Medi-Cal programs, respectively, in accordance with all existing requirements. The board and department shall coordinate their respective administration of each program under a joint partnership entitled the California Healthy Kids Insurance Program that provides health care coverage for all eligible children, which shall consist of and incorporate by this reference all of the requirements, protections, and provisions of the California Healthy Families Insurance Program (Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code) and of the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code) applicable to the poverty level Medi-Cal program for children ages 0 to 18 years, as modified by the provisions of this chapter. The Healthy Families and Medi-Cal programs shall provide health insurance to children who qualify for the California Healthy Kids Insurance Program under this chapter. The relevant unless otherwise provided by this chapter. The provisions of the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code), including, but not limited to, the confidentiality and privacy protections set forth in Section 14100.2 of the Welfare and Institutions Code, apply to all children applying for and enrolled in the California Healthy Kids Insurance Program.

(b) The administering agencies shall operate the California Healthy Kids Insurance Program in a coordinated and seamless manner with respect to the persons intended to be covered. Both administering agencies shall coordinate enrollment, renewal,

eligibility, and outreach, and shall assign clear lines of responsibility for all associated agency activities with enforceable accountability. A child enrolled in either the Healthy Families Program or the Medi-Cal program shall be deemed to be enrolled in the California Healthy Kids Insurance Program. It is the intent of the Legislature that from the child's perspective there shall only be a single program, even if the details are handled by two programs, agencies, and funding sources.

(c) As used in this chapter, "California Healthy Kids Insurance Program" shall be deemed to refer jointly to the Healthy Families Program-and the portion for children under 19 years of age and the portions of the Medi-Cal program that provides health care coverage to children 18 years of age or younger persons under 19 years of age, and "administering agencies" shall be deemed to refer to the board or department, as applicable. Implementation of duties and responsibilities of the California Healthy Kids Insurance Program shall be the responsibilities relate to the Healthy Families Program, or the State Department of Health Services, to the extent that the duties and responsibilities relate to the Medi-Cal program. Implementation of duties and responsibilities that require the participation of both agencies shall be done jointly, as coordinated between them by agreement.

12693.9901. (a) The California Healthy Kids Expert Panel is hereby established to guide the board and the State Department of Health Services in the design and implementation of the California Healthy Kids Insurance Program and to identify issues and solutions to ensure efficient and effective ongoing operations, particularly relating to the coordination among Medi-Cal and Healthy Families programs and local outreach and enrollment partners.

(b) The California Healthy Kids Expert Panel shall advise the board and the State Department of Health Services on the California Healthy Kids Insurance Program. The panel shall consist of 15 members with expertise in children's health *and health insurance*, and shall include representatives from health care providers, *including physicians and public hospitals*, health plans, consumer advocates, including those representing specific populations, local children's health initiatives, school and business communities, county agencies, and other stakeholders.

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1 The Senate Committee on Rules, the Speaker of the Assembly, 2 and the Governor shall each appoint five members to the panel. 3 The panel shall meet at least quarterly and shall reside in the 4

State Department of Health Services.

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(c) The Managed Risk Medical Insurance Board shall be increased by one member, who shall be a member of the California Healthy Kids Expert Panel, selected by the members of the panel.

12693.9902. The California Healthy Kids Expert Panel shall evaluate and make recommendations to ensure smooth and effective enrollment processes in the California Healthy Kids Insurance Program, including, but not limited to, the Single Point of Entry, Healthy Families Program and county Medi-Cal eligibility determinations, and local enrollment activities. Recommendations shall emphasize improvements and standards to ensure that children can easily enroll in a timely manner, enrollment determinations are accurate with a clear and timely appeals process, enrollment processes are well coordinated between local, county, and centralized systems, and children are able to retain their coverage. The governing agencies shall review, respond to, and consider implementation of the panel's recommendations. If either or both governing agencies reject any of the panel's recommendations, the rejecting agency shall submit a report to the panel and to the Legislature outlining the reasons it will not implement the panel's recommendations.

12693.9906. In determining eligibility for the California Healthy Kids Insurance Program, the department and the board shall request documentation and shall verify the information only to the extent necessary to determine eligibility and only to the extent required by federal law. Every child enrolled in California Healthy Kids Insurance Program shall continue to receive benefits until proven ineligible or unless there is a failure to pay premiums where applicable.

12693.9908. (a) From funds available for that purpose, the administering agencies board, in consultation with the State Department of Health Services, shall award local enrollment investment grants for local strategies involving California Healthy Kids Insurance Program enrollment, retention, and utilization of health care. Grants shall be made available to existing and new countywide or regional children's health

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initiative coalitions that include an array of local organizations and agencies, such as First 5 California Commissions, health 3 plans and county organized health systems, schools, child care 4 providers. community-based and nonprofit faith-based organizations (subject to Section 4 of Article I and Section 5 of 5 Article XVI of the California Constitution, state and federal civil 7 rights law, and the First Amendment to the United States 8 Constitution), clinics, health care providers, local unions, local businesses, and county social service and health agencies. For 10 purposes of applying for and receiving these grants, the children's health initiative coalitions shall designate a fiscal 11 12 agent. Local and regional community-based organizations shall 13 also be eligible for these grants, particularly in regions where 14 comprehensive coalitions are not established. Supplemental grant 15 amounts shall be available for countywide coalitions or regions that contribute local funding for enrollment, retention, and access 16 17 strategies through the coalition. 18

- (b) The California Healthy Kids Expert Panel shall develop recommendations to the California Healthy Kids Insurance Program for the specific objectives, criteria, and structure of the local enrollment investment grants, with the principal goals of promoting local innovations and strategies for increasing children's health insurance enrollment and retention and health care access. The governing agencies of the California Healthy Kids Insurance Program shall review, respond to, and consider implementation of the panel's recommendations.
- (c) Each local children's health initiative coalition or organization awarded a grant shall submit a plan every other year to the board of its proposed strategies to promote outreach, enrollment, retention in health insurance, and access to health care. These activities may include, but are not limited to, the following: one application technology, application assistance training and certification, a system for administering enrollment fees to application assistants, grants to community-based organizations for enrollment and retention assistance, application assistance at schools, implementing "express lane" strategies through school lunch, food stamps, WIC, and other programs, health care access education, coordinated retention strategies, "no wrong door" strategies, and improvement to data collection and reporting systems.

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(d) Local children's health initiative coalitions shall submit a plan for an interim evaluation after one year and conduct a full evaluation after two years. The evaluation shall include outcome measures such as the number of children enrolled in health insurance, the percentage of children retained after one year, if available, the number of children receiving *enrollment* assistance who were denied coverage and the reasons why, and documented performance improvements in the number of children accessing and remaining in health care coverage. The evaluation should document problems children face in enrolling, staying enrolled, or accessing care, with recommendations for improving the California Healthy Kids Insurance Program.

12693.9909. (a) The California Healthy Kids Insurance Program shall enable local children's health initiatives to create their own premium hardship funds or sponsorship programs to help children in their region to pay required premiums for enrollment in the California Healthy Kids Insurance Program. The governing agencies shall develop a mechanism for communicating with local children's health initiative coalitions, with the families consent, about children's premium payments.

(b) The California Healthy Kids Insurance Program shall enable counties and regions of multiple counties to have the option to buy or partially subsidize Healthy Families Program coverage for children with family incomes above 300 percent of the federal poverty level and to seek federal financial participation, to the extent available.

12693.9910. The California Healthy Kids Insurance Program shall accept, review, and approve within broad standards local children's health initiative demonstration projects to test new innovations in enrollment technology, integrated insurance programs, enrollment and retention processes and strategies, and voluntary employer coverage participation strategies.

12693.9911. The California Healthy Kids Insurance Program, in conjunction with local children's health initiatives, shall develop strategies for partnerships between the program and the local children's health initiatives to help children retain their California Healthy Kids Insurance Program health care coverage, including processes for sharing address updates and for notifying local children's health initiatives when children in their area are at risk of losing coverage.

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12693.9912. (a) The California Healthy Kids Insurance Program, in consultation with the California Healthy Kids Expert Panel, shall modify the Healthy Families and Medi-Cal children's forms and processes as necessary to seek family consent to transfer information among the Medi-Cal and Healthy Families programs.

(b) The California Healthy Kids Insurance Program shall establish, in consultation with the California Healthy Kids Expert Panel and other stakeholders, simplified annual renewal forms for children enrolled in the Healthy Families Program and for children and their families individuals enrolled in the Medi-Cal program, including forms prepopulated with the child's eligibility information and a simple check off list for families individuals to identify whether each eligibility information item remains correct. The renewal form shall request children and families to provide and certify with their signature any changes to the prepopulated eligibility information form. The California Healthy Kids Insurance Program shall establish a process to allow families to renew their child's coverage by telephone.

(c)

(b) The California Healthy Kids Insurance Program shall, in consultation with the California Healthy Kids Expert Panel, develop strategies to notify families of their child's renewal date including notifications on regular communications such as premium payment statements or on insurance cards.

(d)

(c) The California Healthy Kids Insurance Program shall establish a mechanism to implement federal Medicaid law and state rules for the Medi-Cal program and the Healthy Families Program with regard to educating families about the opportunity educate families about the legal right to transfer to lower premium levels or to no-cost Medi-Cal if the child's income eligibility changes, and implement provisions of existing law that provide that a child should be enrolled in the child's family income decreases and shall also provide that a child shall be enrolled in the most beneficial program for which the child is eligible. The California Healthy Kids Insurance Program shall use the seamless bridge coverage programs in Sections 12693.98 and 12693.981 to transfer children who identify themselves as being are eligible for another health insurance category, such as

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a lower premium tier under Healthy Families or no-cost
 Medi-Cal, into another insurance the appropriate program.
 Lower premiums or no premium eligibility tiers no-cost coverage
 shall begin at the point the child requests the determination.

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(e) The determination. No child shall be terminated from the California Healthy Kids Insurance Program, once that child is enrolled, until the board or the Medi-Cal agency reviews the child's eligibility for Medi-Cal and Healthy Families under all possible grounds and completes an eligibility redetermination for all Medi-Cal and Healthy Families programs, following the procedures in Section 14005.37 of the Welfare and Institutions Code.

(d) To assist families in learning about available choices and to coordinate plans and providers among all family members with different sources of health insurance coverage, the California Healthy Kids Insurance Program shall-offer an online Medi-Cal health plan/health care arrangement selection system coordinated with the Healthy Families Program health plan selection system, in consultation with the California Healthy Kids Expert Panel and other interested counties, consumer advocates, and stakeholders provide information about Medi-Cal and Healthy Families plan and provider options. The program shall develop and implement a coordinated listing of Medi-Cal program health plans, county organized health systems, fee-for-service arrangements for children, and Healthy Families Program health plans make available online a coordinated listing of health plans and providers for the Healthy Families Program and all Medi-Cal managed care models and Medi-Cal fee-for-service providers for children. This coordinated listing shall include provider networks and a provider locator system to identify for families under each program which plans include their current or preferred providers. The coordinated listing shall be updated regularly and shall be available through the California Healthy Kids Insurance Program Web site and the Healthy Families Program online provider locator.

12693.9913. All children who reside in this state, who intend to continue to reside in this state, and who meet the age, income, and other categorical eligibility requirements of either the Healthy Families or Medi-Cal program shall be eligible for coverage under the California Healthy Kids Insurance Program,

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including those children for whom federal financial participation is not available under Title XXI of the Social Security Act (42 U.S.C. Sec. 1396 et seq.) or under Title XIX of the Social Security Act (42 U.S.C. Sec. 1397aa et seg.) for full-scope eoverage. (a) Notwithstanding any other provision of law, all children under 19 years of age who meet the state residency requirements of the Medi-Cal or the Healthy Families Program shall be eligible for the California Healthy Kids Insurance *Program if they either:*

- (1) Live in families with countable household income at or below 300 percent of the federal poverty level.
- (2) Meet the income and resource requirements of Section 14005.7 or 14005.30 of the Welfare and Institutions Code.
- (b) Children in families whose household income would render them ineligible for no-cost Medi-Cal or Medicare, and who are in compliance with Sections 12693.71 and 12693.72, shall be enrolled in the Healthy Families Program and shall also be eligible for Medi-Cal with a share of cost in accordance with Section 14005.7 of the Welfare and Institutions Code. Other children described in this section shall be enrolled in no-cost Medi-Cal.

12693.9914. Nothing in this chapter shall be construed to authorize denial of medical assistance under the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code) to a child who, without the application of this chapter would qualify for such assistance or to relieve the California Healthy Kids Insurance Program of the obligation to determine eligibility on all available other grounds for a child found to be ineligible for the Medi-Cal program as part of the California Healthy Kids Insurance Program under this chapter.

12693.9915. (a) (1) During the planning and development phase before the statewide California Healthy Kids Insurance Program is implemented, the local children's health insurance programs and local children's health initiative coalitions shall continue to highlight best practices that will guide the development and implementation of the statewide California Healthy Kids Insurance Program. During this planning and development phase, the administering agencies and Secretary of the California Health and Human Services Agency shall

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coordinate local children's health insurance programs and local children's health initiative coalitions with state and federally funded programs such as the emergency Medi-Cal program and the Child Health Disability and Prevention program *and CHDP Gateway program* so that local funds do not replace but augment existing state and federally funded programs and services. Such coordination shall begin upon enactment.

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(2) The local children's health insurance programs shall pilot financing options that seek to leverage state and federal funding and help shape the statewide California Healthy Kids Insurance Program financing strategy. If funds are available during this planning and development phase, the state may provide local children's health insurance programs that meet-certain eligibility, benefit, and cost sharing standards cost sharing and quality assurance standards, established by the board in consultation with the department and the California Healthy Kids Expert Panel, with funds to match local funding to cover premiums based on a percentage of the Healthy Families Community Provider Plan rate.

During

(b) (1) During the transition phase, which is the period after implementation of the California Healthy Kids Insurance Program has begun but before the program is fully implemented, the state board, in consultation with the State Department of Health Services and the California Healthy Kids Expert Panel, shall approve local pilot programs proposed and created by local children's health insurance programs and local children's health initiative coalitions that have local financing to support either a local children's coverage expansion program or a children's coverage expansion through the Healthy Families Program or the Medi-Cal program. These local pilot programs would qualify for phased in state funds, subject to availability, and for federal funds, if applicable, to match local funding. The pilot programs that are based on local children's coverage expansion programs shall meet-certain standards standards established by the board in consultation with the department and the California Healthy Kids Expert Panel, including eligibility, comprehensive benefits and affordable cost sharing.

Local, affordable cost sharing, and quality assurance.

(2) Local pilot programs shall model features such as simplified, automated, and coordinated enrollment and retention processes, integrated safety net or local providers, employer participation opportunities, and leveraged funding for children's coverage programs.

In addition, local

- (3) Local programs with local funding may pilot broader coverage expansions, such as young adults and higher income children and adults. The
- (c) The pilot programs shall be tracked and independently evaluated with private funding to identify best practices for implementation in both urban and rural areas. The administering agencies in consultation with the California Healthy Kids Expert Panel shall consider the pilot project findings in making recommendations on implementation features of the California Healthy Kids Insurance Program. Once
- (d) Once the California Healthy Kids Insurance Program is operational statewide, there shall be a period of time during which local pilot programs, subject to specified criteria, will receive state matching funds while transitioning to the statewide program. Children enrolled in or eligible for local children's health programs shall be eligible for either the Medi-Cal program or the Healthy Families Program, as authorized in this chapter. The
- (e) (1) The transition shall provide an automatic rollover for children enrolled in the local children's health insurance programs into their existing health plan under the Medi-Cal program or the Healthy Families Program, if the health plan is a participating plan in the program under which the child qualifies. For
- (2) For good cause, or upon the child's next annual renewal, children may switch plans or otherwise remain in their existing plan. After
- 34 (f) After the transition period and once the California Healthy 35 Kids Insurance Program is fully operational statewide, counties 36 have the option to support coverage under the California Healthy 37 Kids Insurance Program, but county funding shall not be required 38 to support children's coverage under the California Healthy Kids 39 Insurance Program.

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12693.9916. Notwithstanding any other provision of law, this chapter—may only shall be implemented to the extent that funds are appropriated for purposes of the chapter in the annual Budget Act or in another statute. To the extent that funds are appropriated for only a portion of the provisions enacted pursuant to this chapter, the board shall implement those provisions for which funds are appropriated.

- SEC. 14. (a) It is the intent of the Legislature to—enact legislation to authorize the California Healthy Kids Insurance Program to develop health care coverage options for persons of the ages of 19 and 20 years who are ineligible for the Healthy Families or Medi-Cal programs. These coverage options may include statewide or local demonstration programs, and may consist of an option for the person (or a parent on the person's behalf) to purchase California Healthy Kids Insurance Program coverage at full premium cost, or an option for the person to maintain coverage through continuation coverage when coverage would otherwise terminate due to the person's age.
- (b) It is the intent of the Legislature to expand children's health care coverage by building on the shared financial responsibility of individuals, employers, and the government to support that coverage.
- (c) It is the intent of the Legislature to develop strategies to promote and support voluntary employer participation in children's health care coverage, relative to children of employees. These employer participation options shall be designed to offer health insurance to children through arrangements that are affordable and efficient for employers and families. Particular attention shall be paid to how new opportunities for employer participation would interact with current practices and patterns in employer sponsored dependent coverage.

(c)

(d) It is the intent of the Legislature to implement the California Healthy Kids Insurance Program over several years to provide adequate time to develop the statewide policies and infrastructure, to transition effectively from local children's health insurance efforts to a statewide program, and to phase in implementation consistent with available resources.

40 (d)

(e) It is the intent of the Legislature that in the first two years of implementation, the California Healthy Kids Expert Panel will be established, program policies and systems will be developed and implemented, and pilot programs will begin, subject to available resources.

(e)

- (f) It is the intent of the Legislature that in the third year of implementation, all enrollment innovations and changes should be operational and California Healthy Kids Insurance Program enrollment will be open for newly eligible children. Newly eligible children may be phased in according to age consistent with available resources.
- (f) It is the intent of the Legislature that financing for the California Healthy Kids Insurance Program will be derived from any of the following sources:
- (1) Currently available federal matching funds for children eligible for but not enrolled in the Medi-Cal and Healthy Families programs.
- (2) Available federal matching dollars for children with a family income of more than 250 percent of the federal poverty level
 - (3) Family contributions toward premiums.
- (4) Contributions from employers who chose to participate in the California Healthy Kids Insurance Program.
- (5) During the transition period while the California Healthy Kids Insurance Program is being developed and implemented, funds from local children's health initiatives with pilot projects to operate local children's health insurance programs or to buy into the Medi-Cal or Healthy Families Program.
- (g) The state already provides some coverage and pays for services for uninsured children through, for example programs such as, but not limited to, CCS, FamilyPACT, Medi-Cal Minor Consent for pregnancy-related care, substance abuse and alcohol and drug treatment, the Child Health and Disability Prevention (CHDP) Program, the CHDP Gateway Program, emergency Medi-Cal coverage, and share-of-cost Medi-Cal coverage. It is the intent of the Legislature that these programs be maintained under the California Healthy Kids Insurance Program as well as safety net financing. For the purposes of financing the California Healthy Kids Insurance Program, the costs attributable

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to the California Healthy Kids Insurance Program coverage are those additional costs beyond the funding for these existing programs.

SEC. 15. Section 14005.23 of the Welfare and Institutions Code is amended to read:

14005.23. (a) To the extent federal financial participation is available, the department shall, when determining eligibility for children under Section 1396a(l)(1)(D) of Title 42 of the United States Code, designate a birth date by which all children who have not attained the age of 19 years will meet the age requirement of Section 1396a(l)(1)(D) of Title 42 of the United States Code.

(b) Commencing July 1, 2006, to the extent federal financial participation is available, the department shall apply the more liberal less restrictive income deduction described in Section 1396a(r) of Title 42 of the United States Code when determining eligibility for the children identified in subdivision (a). The amount of this deduction shall be the difference between 133 percent and 100 percent of the federal poverty level applicable to the size of the family.

SEC. 16. Section 14005.41 of the Welfare and Institutions Code is amended to read:

14005.41. (a) Notwithstanding any other provision of law, the department shall deem to have met the income documentation requirements for participation in the Medi-Cal program, without a share of cost, any child who is less than six years of age and who has been determined to be eligible for free meals through a federally funded program using the National School Lunch Program application provided for pursuant to Chapter 13 (commencing with Section 1751) of Title 42 of the United States Code.

- (b) Notwithstanding any other provision of law, with regard to any child who is enrolled in and attending public school in the State of California, the department shall accept documentation of enrollment for free meals under the National School Lunch Program as sufficient documentation of California residency for that child for the purposes of the Medi-Cal program.
- (c) (1) (A) Notwithstanding any other provision of law, each county shall participate in a statewide pilot project to determine Medi-Cal program eligibility for any child under six years of age

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and currently enrolled in school in the State of California who is eligible for free meals under the National School Lunch Program upon receipt of proof of participation in the National School Lunch Program and a signed Medi-Cal application, which may be the supplemented application, described in subdivision (i). Counties shall notify the parent or guardian of the results of the eligibility determination.

(B) Notwithstanding any other provision of law, each county shall participate in a statewide pilot project to use the procedure described in this subdivision to determine Medi-Cal eligibility without a share of cost, and, if eligible, shall enroll in the Medi-Cal program, any child six years of age or older currently enrolled in school in the State of California who is eligible for free meals under the National School Lunch Program, upon receipt of proof of participation in the National School Lunch Program and a signed Medi-Cal application, which may be the supplemented application, described in subdivision (i). If the county determines from the supplemented application described in subdivision (i) that the child meets the eligibility requirements for participation in the Medi-Cal program, the county shall notify the parent or guardian that the child has been found eligible for the Medi-Cal program. If the county is unable to determine from the information on the application as described in subdivision (i) whether the child is eligible, the county shall contact the family to seek any additional information regarding income, household composition, or deductions that the department, in consultation with the county welfare departments, may determine to be necessary to complete the Medi-Cal application. If the county determines that the child does not meet the income eligibility requirements for participation in the full-scope no-cost Medi-Cal program, the county shall notify the parent or guardian of the determination and shall forward the school lunch application and any supplemental forms as described in subdivision (i) to the Healthy Families Program. If an applicant is determined to be ineligible for the full-scope no-cost Medi-Cal program and for the Healthy Families Program, the school lunch application and any supplemental forms as described in subdivision (i) shall be forwarded to a county- or local-sponsored health insurance program, as applicable, if the parent or guardian has provided consent. For purposes of this section, a county-33- SB 437

local-sponsored health insurance program includes a county agency, a local initiative, a county-organized health system, or other local entity that provides health care coverage to children who do not qualify for the full-scope no-cost Medi-Cal program or for the Healthy Families Program.

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- (2) Each county shall ask the parent or guardian of each child identified in subparagraph (A) of paragraph (1) and the parent or guardian of each child whom the county determines to meet the income eligibility requirements for participation in the Medi-Cal program under subparagraph (B) of paragraph (1) to provide additional documentation as required by current law necessary for retention of eligibility in the Medi-Cal program. If a parent or guardian does not provide the documentation required for retention of full-scope Medi-Cal program eligibility, the county shall continue the child's enrollment in the Medi-Cal program, but only for the limited scope of Medi-Cal program benefits as described in Section 14007.5. If applicable, the county shall also forward the school lunch application and any supplemental forms as described in subdivision (i), for applicants who are determined to be ineligible for the full-scope no-cost Medi-Cal program and the Healthy Families Program, to a countylocal-sponsored health insurance program if the parent or guardian has provided consent.
- (d) Nothing in this section shall be construed as preventing the department from verifying eligibility through the Income Eligibility Verification System match mandated by Section 1137 of the federal Social Security Act (42 U.S.C. Sec. 1320b-7) or from requesting additional information or documentation required by federal law.
- (e) Each county shall include its cost of implementing this section in its annual Medi-Cal administrative budget requests submitted to the department.
- (f) For purposes of this section, the Medi-Cal program application date shall be the date on which the school lunch application information is received by the local agency determining eligibility under the Medi-Cal program.
- (g) (1) This section shall be implemented only if, and to the extent that, federal financial participation is available for the services provided and only for the period of time the free National School Lunch Program utilizes a gross income standard

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at or below 133 percent of the federal poverty level. This section shall be implemented in a manner consistent with any federal approval.

- (2) Notwithstanding paragraph (1), if the department determines that one or more state plan amendments are necessary to ensure full federal financial participation in the provisions of this section, the department shall prepare and submit requests for the state plan amendments to the federal government, after which this section shall not be implemented until the department receives approval of all necessary state plan amendments.
- (h) (1) Notwithstanding subdivision (g), not later than March 1, 2003, the department, in consultation with the State Department of Education and representatives of the school districts, county superintendents of schools, local agencies that administer the Medi-Cal program, consumer advocates, and other stakeholders, shall develop and distribute the policies and procedures, including any all-county letters, necessary to implement Section 49557.2 of the Education Code and this section.
- (2) The policies and procedures required to be developed and distributed pursuant to subdivision (a) shall include, at a minimum, both of the following:
- (A) Processes for the school districts, county superintendents of schools, and local agencies that administer the Medi-Cal program to use in forwarding and processing free school lunch application information pursuant to Section 49557.2 of the Education Code, and in following up with the applicants to obtain any necessary documentation required by federal law.
- (B) Instructions for implementing the eligibility provisions of this chapter.
- (3) The policies and procedures required to be developed pursuant to subdivision (a) shall specify all of the following:
- (A) The information on the school lunch application may be used to initiate a Medi-Cal program application only when the applicant has provided his or her consent pursuant to Section 49557.2 of the Education Code.
- (B) The date of the Medi-Cal program application shall be the date on which the school lunch application was received by the local agency that determines eligibility under the Medi-Cal program.

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(C) The county, in determining eligibility for the Medi-Cal program, shall request additional documentation only as required by federal law, and shall enroll any child whose parent or guardian does not provide the necessary documentation for full-scope benefits under the Medi-Cal program in the Medi-Cal program with limited scope benefits, as described in Section 14007.5.

- (i) To the extent federal financial participation is available, and to the extent administratively feasible, the department shall utilize the free National School Lunch Program application developed under Section 49557.2 of the Education Code, if supplemented as needed by simplified forms and disclosures, including Medi-Cal rights and responsibility notices and privacy notices, as a Medi-Cal application for children described in this section.
- (j) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall implement this section by means of all-county letters or similar instructions without taking regulatory action. Thereafter, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.
- (k) The department shall review the effectiveness of the statewide pilot project and make recommendations regarding appropriate ways to expand the use of the approaches contained in this section.
- (*l*) In order to expedite health care coverage for children who have been determined eligible for free meals under the National School Lunch Program, the department, at its discretion, may choose to implement this section in whole or in part by exercising the option described in Section 1396r-1a of Title 42 of the United States Code to allow information provided on the National School Lunch Program application referred to, and supplemented as described, in paragraph (1) of subdivision (a) of Section 49557.2 of the Education Code to serve as a basis for a preliminary eligibility determination by a qualified entity designated by the department.
- 39 (m) County- and local-sponsored health program agencies are 40 authorized to use the supplemental application described in

subdivision (i) and received pursuant to subdivision (c) to make an eligibility determination for those respective programs, and shall request additional information only as needed to complete the eligibility process.

- (n) A county may, at its option, and with the consent of the parent or guardian as provided in paragraph (3) of subdivision (a) of Section 49557.2 of the Education Code, notify the school of the names and contact information of children who are in jeopardy of losing accelerated Medi-Cal coverage because a child's parent or guardian has not provided required followup information to the county. This notice shall be limited to the names and contact information, and shall not specify what information is missing. This shall be done for the sole purpose of enabling the school, at its option, to conduct outreach activities to encourage or assist those parents or guardians to complete and submit the required followup information.
- (o) Effective July 1, 2006, any child currently enrolled in school who is eligible for reduced price meals under the National School Lunch Program shall be eligible for an accelerated determination for the California Healthy Kids Insurance Program and their school lunch application along with any supplemental forms and disclosures as described in subdivision (i) will be evaluated by the appropriate entity for ongoing medical assistance, upon the authorization of their parent or guardian, pursuant to this section and Section 49557.2 of the Education Code, and as otherwise provided by law.
- (p) The procedures set out in this section shall be revised to allow an electronic application system that utilizes the real-time electronic connection to the state eligibility database developed pursuant to subdivision (b) of Section 14011.7 to allow children to apply for, with consent of their parent or guardian, to request an accelerated determination for the California Healthy Kids Insurance Program, and apply for ongoing medical assistance pursuant to Section 14005.43 utilizing information provided for application to the National School Lunch Program. As part of this revision, the department, in consultation with the Managed Risk Medical Insurance Board, the California Healthy Kids Expert Panel, and other stakeholders shall develop a means for using the electronic application to allow students at provisional schools to apply for medical assistance.

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(q) Notwithstanding any other provision of law, to the degree federal financial participation is available, individuals who are eligible for the National School Lunch Program on the basis of categorical eligibility shall not be required to submit any additional income information to establish income eligibility for an accelerated determination and ongoing medical assistance pursuant to this section. Ex parte—procedures and other procedures in Section 14005.37 shall be used to make an eligibility determination, if necessary.

SEC. 17. Section 14005.43 is added to the Welfare and Institutions Code, to read:

14005.43. (a) The department, working in coordination with the Managed Risk Medical Insurance Board pursuant to Section 12693.415 of the Insurance Code, the California Healthy Kids Expert Panel, the governing agencies designated by Section 123290 of the Health and Safety Code, and Section 14005.41, and other stakeholders, shall develop an electronic application system that utilizes the real-time electronic connection to the state eligibility database developed pursuant to subdivision (b) of Section 14011.7 to be used by children applying for the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as provided for in Article 2 (commencing with Section 123275) of Chapter 1 of Part 2 of Division 106 of the Health and Safety Code and the National School Lunch Program (NSLP) as provided pursuant to Chapter 13 (commencing with Section 1751) of Title 42 of the United States Code.

(1) Pursuant to this section, the electronic application shall be designed to allow children to—apply for request an accelerated determination for the California Healthy Kids Insurance Program and to apply for ongoing medical assistance utilizing information provided for application to the WIC program or the NSLP or any other children's programs that may be added in the future, as appropriate, at the recommendation of the governing agencies of the California Healthy Kids Insurance Program, the California Healthy Kids Expert Panel, and other stakeholders. All information and documentation provided for application to these programs shall be deemed reliable for purposes of determining eligibility for the California Healthy Kids Insurance Program.

(2) Eligibility personnel at participating WIC and NSLP sites or another entity designated by the department to—make the shall be authorized to make an accelerated determination and shall utilize the electronic application for medical assistance purposes only with the consent and authorization of the applicant's parent or guardian and shall safeguard the information shared pursuant to this section.

- (3) The department shall utilize the electronic application developed pursuant to this section for an accelerated eligibility determination, and shall provide ongoing eligibility for medical assistance pending a final determination.
- (4) The electronic application and the process for conducting the eligibility review and communicating with families shall be designed such that the initial submission of the electronic application using the information provided for application to WIC or NSLP is sufficient to authorize accelerated enrollment and to constitute a Medi-Cal application.
- (5) All efforts shall be made to coordinate and streamline the enrollment process, pursuant to this section, with the express enrollment process set out in Section 14005.41 and in Section 49557.2 of the Education Code.
- (6) The electronic application and any followup procedures that may be required for a final determination shall be as simple as permitted by federal law to the extent federal financial participation is available, and shall be periodically reevaluated by the governing agencies of the California Healthy Kids Insurance Program, the California Healthy Kids Expert Panel, and other stakeholders
- (6) The electronic application and any follow up procedures that may be required for a final determination of eligibility shall request information and documentation only to the extent required by federal law and shall be periodically reevaluated by the California Healthy Kids Expert Panel to enhance simplicity as changes to federal law may allow.
- (b) Notwithstanding any other provision of law and irrespective of differences in financial eligibility standards and methodologies, upon proof of current enrollment in the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as provided in Article 2 (commencing with Section 123275) of Chapter 1 of Part 2 of Division 106 of the

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Health and Safety Code, the National School Lunch Program 1 2 (NSLP) as provided pursuant to Chapter 13 (commencing with Section 1751) of Title 42 of the United States Code, the Food 3 4 Stamp Program as provided pursuant to Chapter 51 (commencing 5 with Section 2011) of Title 7 of the United States Code, or any 6 other children's program that may be added in the future, as 7 appropriate, at the recommendation of the California Healthy 8 Kids Expert Panel and other stakeholders, the department shall 9 accept an income eligibility determination made by the 10 appropriate program agency as proof that the applicant meets the 11 income guidelines of the California Healthy Kids Insurance 12 Program and, irrespective of differences in financial eligibility 13 standards and methodologies, shall rely on the poverty level finding of the other program agency. Nothing in this subdivision 14 15 or in Chapter 17 (commencing with Section 12693.99) of Part 6.2 of Division 3 of the Insurance Code shall be construed to 16 17 authorize denial of medical assistance to a child who, without the 18 application of this subdivision, would qualify for such assistance 19 or to relieve the California Healthy Kids Insurance Program of 20 the obligation to determine eligibility on all available grounds for 21 a child found to be ineligible under this subdivision. 22

(e) The department shall seek approval of any amendments to the state plan necessary to implement this section, for purposes of funding under Title XIX of the Social Security Act (42 U.S.C. Sec. 1396 et seq.). Notwithstanding any other law, this section shall be implemented only to the extent that federal financial participation is available and to the extent that federal financial participation supports coordination across the California Healthy Kids Insurance Program. any of the programs listed in paragraphs (1) to (4), inclusive, the board and the department shall use the income eligibility determination made by the programs listed in those paragraphs to determine the child's income eligibility for the California Healthy Kids Insurance Program and to establish the child's percent of the federal poverty level.

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(1) The California Special Supplemental Nutrition Program
 for Women, Infants, and Children (WIC) as provided for in
 Article 2 (commencing with Section 123275) of Chapter 1 of Part
 2 of Division 106 of the Health and Safety Code.

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(2) The National School Lunch Program (NSLP) as provided for pursuant to Chapter 13 (commencing with Section 1751) of 3 Title 42 of the United States Code.

- (3) The Food Stamp Program as provided for pursuant to Chapter 51 (commencing with Section 2011) of Title 7 of the United States Code.
- 7 (4) Any other children's program that may be added in the 8 future.

The board and the department shall accept the children's program's documentation as reliable for purposes of satisfying any documentation requirements for the California Healthy Kids Insurance Program and, if the eligibility determination pursuant to this section does not establish eligibility for California Healthy Kids Insurance Program, for purposes of determining eligibility for medical assistance on all other available grounds.

- (c) Nothing in this section shall be construed to authorize denial of benefits through the California Healthy Kids Insurance Program or other program to a child who, without the application of this section, would qualify for those benefits or to relieve the program of the obligation to determine eligibility on other grounds.
- SEC. 18. Section 14005.71 is added to the Welfare and Institutions Code, to read:
- 14005.71. In determining eligibility—and redetermination, including redetermination of eligibility, for coverage under the Medi-Cal program for a child or for a family, the department shall request documentation and verify information provided only to the extent necessary to determine eligibility and only to the extent required under federal law.
- SEC. 19. Section 14011.65 is added to the Welfare and Institutions Code, to read:
- 14011.65. (a) The Medi-Cal to Healthy Families Accelerated Enrollment Program is hereby established to provide any child who meets the criteria set forth in subdivision (b) with temporary health benefits while his or her application is forwarded to the Healthy Families Program established under Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code.
- 39 (b) (1) Any child who meets the eligibility requirements of 40 Chapter 17 (commencing with Section 12693.99) of Part 6.2 of

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Division 3 of the Insurance Code, for Healthy Families benefits under California Healthy Kids Insurance Program shall be eligible for temporary health benefits funded by Title XXI of the Social Security Act, where available, if the following requirements are met:

(A) The child, or his or her parent or guardian, either:

- (i) Submits an application for the Medi-Cal program directly to the county.
- (ii) Has submitted an application for the Medi-Cal program to single point of entry as defined in subdivision (e) of Section 14011.6, and has been granted accelerated enrollment *into Medi-Cal* by the single point of entry pursuant to Section 14011.6.
- (B) The child is not receiving Medi-Cal benefits at the time that the application is submitted, with the exception of accelerated enrollment provided pursuant to Section 14011.6.
- (C) The child, or his or her parent or guardian, gives or has given consent for the application to be forwarded to the Healthy Families Program.
- (2) The *county shall grant the* temporary benefits provided under this section—shall be effective on the date that the county finds that the child meets all of the criteria in paragraph (1) of subdivision (b).

The benefits shall terminate on the date that the child is discontinued from the state Medical Eligibility Data System due to his or her full enrollment in the Healthy Families Program or ineligibility for the Healthy Families Program.

- (3) The temporary health benefits provided under this section shall be identical to the benefits provided to children who receive full-scope Medi-Cal benefits without a share of cost and shall only be made available through a Medi-Cal provider.
- (c) The department, in consultation with the Managed Risk Medical Insurance Board, as the governing agencies for the California Healthy Kids Insurance Program, the California Healthy Kids Expert Panel, and representatives of the local agencies that administer the Medi-Cal program, consumer advocates, and other stakeholders, shall develop and distribute the policies and procedures, including any all-county letters, necessary to implement this section.

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(d) If the department determines that one or more state plan amendments are necessary to ensure full federal financial participation in the provisions of this section, the department shall prepare and submit requests for the state plan amendments to the federal government.

- (e) Each county shall include its cost of implementing this section in its annual Medi-Cal administrative budget request submitted to the department.
- SEC. 19.5. Section 14013.5 is added to the Welfare and Institutions Code, to read:
- 14013.5. (a) Effective July 1, 2007, the department shall implement the simplified, prepopulated annual renewal form described in subdivision (a) of Section 12693.9912 of the Insurance Code for all individuals and families enrolled in the Medi-Cal program.
- (b) All children enrolled in the Medi-Cal program, as well as all adults who are enrolled in the Medi-Cal program pursuant to Section 14005.30, may certify with their signature any changes to the prepopulated eligibility information form.
- SEC. 20. Section 18925 of the Welfare and Institutions Code is amended to read:
- 18925. (a) The State Department of Health Services, in conjunction with the State Department of Social Services, shall implement a simplified eligibility process as part of the Food Stamp Program to expedite Medi-Cal program and Healthy Families Program enrollment for Food Stamp Program recipients, including children and their eligible parents or caretaker relatives who are not enrolled in those programs.
- (b) The State Department of Health Services shall develop a data list of children and their parents residing in eligible food stamp households who are not enrolled in the Medi-Cal program or the Healthy Families Program.
- (c) The State Department of Health Services shall develop a notice informing individuals identified pursuant to subdivision (b) that they may be entitled to receive benefits under the Medi-Cal program or the Healthy Families Program.
- (d) At the time of the food stamp household's annual recertification, the State Department of Health Services shall send the notice specified in subdivision (c) to the individuals identified in subdivision (b) with a return envelope addressed to

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the applicable county welfare department. The notice shall include a request for permission to use the information in the food stamp recipient's case file to make a determination of eligibility for the Medi-Cal program and the Healthy Families Program.

- (e) The notice shall be written in culturally and linguistically appropriate language and at an appropriate literacy level. The notice shall include information on the Medi-Cal program and the Healthy Families Program, and a telephone number that food stamp recipients may call for additional information.
- (f) To apply for medical assistance under the Medi-Cal program, the parent or guardian of the food stamp recipient shall sign, date, and return the notice requesting that an eligibility determination be made. Upon receipt of the notice, the county welfare department shall make an eligibility determination by utilizing the information in the food stamp recipient's case file or paper application. The Medi-Cal application date shall be the date the notice is received by the county welfare department. If the food stamp case file does not include sufficient information to establish Medi-Cal program eligibility, the county welfare department shall request, either orally or in writing, additional information from the food stamp recipient.
- (g) If the food stamp recipient is determined to be eligible to participate in the Medi-Cal program with a share of cost, or is determined to be ineligible for Medi-Cal, information pertinent to the food stamp recipient's eligibility for the Healthy Families Program shall be forwarded by the county welfare department to the Healthy Families Program statewide administrator for immediate processing. If there is insufficient information to establish Healthy Families Program eligibility, the administrator shall request, either orally or in writing, additional information from the food stamp recipient.
- (h) Counties shall include the cost of implementing this section in their annual administrative budget requests to the State Department of Health Services.
- (i) This section shall be implemented on or after July 1, 2003, but only to the extent federal financial participation is available.
- (j) The State Department of Health Services and the State Department of Social Services shall develop guidelines to identify the scope and allocation of responsibilities of state

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agencies and counties under this section. Counties shall be required to adopt procedures and make appropriate programming 3 changes to their automated welfare systems to accommodate 4 simplification and streamlining pursuant to this section. Counties 5 shall further be required to place a high priority on designing and implementing the programming to their automated welfare 7 systems necessary to perform an ex parte, automatie automated Medi-Cal renewal using food stamp data, at recertification, and to align Medi-Cal and food stamp renewal dates to the most favorable date to the extent the later date is consistent with 10 current law. Designing and implementing these changes, 11 including programming automated welfare systems, shall be a 12 13 high priority for the department and counties and shall be 14 operative by July 2006. 15

SEC. 21. Notwithstanding any other provision of law, the Managed Risk Medical Insurance Board may implement this act this act shall be implemented only to the extent that funds are appropriated for the purposes of the act in the annual Budget Act or in another statute. To the extent that funds are appropriated for only a portion of the changes enacted pursuant to this act, those changes for which funds are appropriated shall be implemented.

SEC. 22. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.